

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/581,800		Filing Date 12 April, 2007		<input type="checkbox"/> To be Mailed					
				Applicant(s) LAVELLE, EVAN MACKENZIE						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	X						51						
2	X						52						
3	X						53						
4	X						54						
5	X						55						
6	X						56						
7	X						57						
8	X						58						
9	X						59						
10	X						60						
11	X						61						
12	X						62						
13	X						63						
14	X						64						
15	X						65						
16	X						66						
17	X						67						
18	X						68						
19	1						69						
20		1					70						
21		1					71						
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46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	1						Total Indep						
Total Depend		18					Total Depend						
Total Claims		19					Total Claims						

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Part of Paper No20080311-1.